

4764

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated. This certificate must be filed by the attending Physician or midwife with each local Registrar within 5 days after birth.

PLACE OF BIRTH		ARIZONA STATE BOARD OF HEALTH	
BUREAU OF VITAL STATISTICS		State Index No. 122	
County of <u>Gila</u>	District of _____	ORIGINAL CERTIFICATE OF BIRTH	
Town of <u>Miami</u>	or _____	Co. Registrar's No. 434	
City of _____	(No. _____ St. _____ Ward _____)	Local Registrar's No. _____	
FULL NAME OF CHILD <u>Maria Torres</u>		Born	YES
If child is not named, make Supplemental Report on blank obtainable from local registrar.		Alive	NO
Sex of Child <u>Female</u>	<u>Twins</u> Triplet or other _____	and	Number in order of birth <u>2</u>
Legitimate? <u>yes</u>	Date of Birth <u>Sept. 15</u> 19 <u>22</u>	Month	Day
Full Name <u>Francisco Torres</u>		Full Maiden Name <u>Lorenzia Estrada</u>	
Residence <u>Miami, Arizona</u>		Residence <u>Miami, Ariz.</u>	
Color or Race <u>Mex.</u>	Age at last Birthday <u>27</u> Years	Color or Race <u>Mex.</u>	Age at last Birthday <u>18</u> Years
Birthplace <u>Sonora, Mexico</u>	Occupation <u>Track man</u>	Birthplace <u>Thatcher, Arizona</u>	Occupation <u>Housewife</u>
Number of child of this Mother <u>2</u>	Number of Children, of this mother, now living <u>2</u>	Were precautions taken against Ophthalmia neonatorum? <u>yes</u>	

### CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of the above child; and that it occurred on Sept. 15, 1922 at 4 A.M.

\*When there is no attending physician or midwife, then the householder should make this return.

Signature C. M. Crow M. D.  
Attending physician, midwife, householder.\*

Given or Christian name added from a

supplemental report \_\_\_\_\_ 191 \_\_\_\_\_

432-915-351  
COUNTY REGISTRAR.

Filed Sept 22 1922

Filed Oct 6 1922 A True Copy

Address Miami, Arizona  
B. M. Hays  
LOCAL REGISTRAR.  
B. M. Hays  
COUNTY REGISTRAR.